

Referral Criteria – Communication and Writing Aids Service (CWAS)

Augmentative and Alternative Communication (AAC)

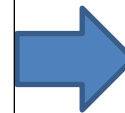
PLEASE COMPLETE AND SUBMIT THIS CHECKLIST WITH THE REFERRAL FORM

CWAS' Augmentative and Alternative Communication (AAC) service provides support for both face-to-face and written communication for clients whose speech does not meet their everyday needs. As an Assistive Device Program (ADP) clinic, CWAS can authorize ADP funding when clinically recommended.

CWAS services the Toronto, Durham, York and Simcoe regions with the following two exceptions (please refer to the appropriate agency if either of these apply):

1. If client lives in Toronto AND meets all of the following criteria:

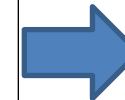
- **Can** physically point to pictures and/or press buttons using fingers, hands and/or feet) with or without vision challenges
- Has a diagnosis of Developmental Disability or Intellectual Disability and/or is a current client of Surrey Place Developmental Services



Consult the criteria for the Augmentative Communication and Writing Aids Service at Surrey Place

2. If client lives in York or Simcoe AND:

- **Can** physically point to pictures and/or press buttons using fingers, hands and/or feet) with or without vision challenges



Consult the criteria for the Augmentative Communication Consultative Service at The Children's Treatment Network

In order to be eligible for CWAS the client must meet all of the following criteria (please check all that apply)

- Unable to speak or whose speech is unclear or limited
- Under the age of 19 (at the time of referral)
- Is working with or has access to speech language pathology consultation

AND one or more of the following: (please check all that apply):

- 1. Client has vision needs that impact ability to use symbols
- 2. Client **cannot** physically point to pictures or press buttons using fingers, hands and/or feet
- 3. *Client **can** physically point to pictures and/or press buttons using fingers, hands and/or feet **AND** can **independently** use **10** symbols on a communication system (i.e. board, book or device) to communicate about a minimum of **3** different topics (e.g., food, toys, places) with **2** or more partners across both structured and unstructured tasks

* A thorough description of the child's current communication system must be submitted with this referral (see page 2)

Before submitting:

- Have you checked all the applicable boxes?
- Have you attached the description (page 2) of child's current system for #3 above (and any reports if available)
- Have you attached the referral form?



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- Page 2 -

1. List a minimum of 10 symbols that the child can use independently to communicate a purposeful message:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

2. List a minimum of 3 topics the child uses the above symbols for: (example: food, toys, people, etc.)

- 1.
- 2.
- 3.

List additional topics:

3. List a minimum of 2 communication partners the child is using symbols with (example: mom, aunt, teacher, etc.)

- 1.
- 2.

List additional partners:

4. List all the structured and/or unstructured tasks in which child is using the symbols: (example: therapy activities, school curriculum, requesting items, greetings, etc.)

5. Comments/additional information:

